**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ALASKA BERING SEA CRABBERS FEDERAL POLITICAL ACTION COMMITTEE (CRABBERS PAC) 4005 20TH AVENUE W ADDRESS (number and street) SUITE 102 (Check if address is changed) SEATTLE 98199 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Alaskaberingseacrabbers@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00627489 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Goen, Jamie, , , Type or Print Name of Treasurer Goen, Jamie, , , [Electronically Filed] 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC <b>Fo</b>	<b>rm 1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF C	OMMITTEE  Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
3.		

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Write or Type Committee Name	. ago 😉
ALASKA BERING SEA CRABBERS FEDERAL POLITICAL ACTION COMMITTEE (CR.	ABBERS PAC)
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	
ALASKA BERING SEA CRABBERS, , , ,	, , , , , , , , , , , , , , , , , , , ,
4005 20th Avenue W.  Mailing Address	
Suite 102	
Seattle WA 98199	.  -
CITY STATE Z	IP CODE
Relationship:   Connected Organization  Affiliated Committee  Joint Fundraising Representative Lead	ership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.</li> </ol>	ession of committee
Goen, Jamie, , ,	1
Full Name	
Mailing AddressSuite 102	
Seattle WA 98199	
Title or Position CITY STATE ZI	P CODE
Treasurer Telephone number	33 0188
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).</li> </ol>	e and address of
Full Name Goen, Jamie, , ,	1
of Treasurer 4005 20th Avenue W.	
Mailing Address	
Suite 102	
Seattle WA 98199	
Title or Position	P CODE
Treasurer Telephone number = 78	0188

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Full Name of Designated Agent Widin	ng, Clair, , ,		
Mailing Address	4005 20th Avenue W.		
	Suite 102		
	Seattle	WA 981 STATE	115 
Title or Position Assistant Treasurer	Telephone		
safety deposit boxes or Name of Bank, Deposit		and Exposite randor	
Name of Bank, Deposit	maintains funds.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Bank, Deposit	maintains funds. cory, etc.	WA 981	
Name of Bank, Deposit	maintains funds. sory, etc.  Ils Fargo  1819 NW Market Street		
Name of Bank, Deposit	maintains funds. fory, etc.  Ils Fargo  1819 NW Market Street  Seattle  CITY	WA 981	07
Name of Bank, Deposit  We  Mailing Address	maintains funds. fory, etc.  Ils Fargo  1819 NW Market Street  Seattle  CITY	WA 981	07
Name of Bank, Deposit  Well  Mailing Address  Name of Bank, Deposit	maintains funds. fory, etc.  Ils Fargo  1819 NW Market Street  Seattle  CITY	WA 981 STATE	07
Name of Bank, Deposit  Well  Mailing Address  Name of Bank, Deposit	maintains funds. fory, etc.  Ils Fargo  1819 NW Market Street  Seattle  CITY	WA 981 STATE	07
Name of Bank, Deposit  We  Mailing Address	maintains funds. fory, etc.  Ils Fargo  1819 NW Market Street  Seattle  CITY	WA 981 STATE	07